

MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001457

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002 Registrar's No. 526

STATE FILE NUMBER

FILED FEB 8 1963

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
Length of stay in 1b 14 YEARS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 15TH & OAK STREETS		d. STREET ADDRESS (If outside, give location) 4508 EAST-56TH STREET	
3. NAME OF DECEASED (Type or print) First Middle Last JESSE FRANCIS BLANKINSHIP		4. DATE OF DEATH Month Day Year JANUARY 24 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/1926
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION WORKER		11. BIRTHPLACE (City and state or country) LITTLE BLUE MO.	
10b. KIND OF BUSINESS OR INDUSTRY FLINN CONSTRUCTION		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME THOMAS G. BLANKINSHIP		13b. MOTHER'S MAIDEN NAME SARAH ALICE HALL	
14. NAME OF HUSBAND OR WIFE IRENE BLANKINSHIP		Address 4508 EAST-56TH ST. KANSAS CITY, MO.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR		16. SOCIAL SECURITY NO. 774	
17. INFORMANT IRENE BLANKINSHIP		Interval BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Shock & Hemorrhage resulting from multiple skull fractures & compound fracture of neck by Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) fall DUE TO (c) car accident PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) struck by a car	
20c. TIME OF INJURY Hour 7:40 p.m. Month, Day, Year 1-24-63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		20f. CITY, TOWN, OR LOCATION Kansas City Jackson	
20g. COUNTY Jackson		20h. STATE MO	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 7:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Geo C. Locally M.D. Health Officer	
22b. ADDRESS 6627 Pleasant St. S.W.		22c. DATE SIGNED 1-25-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JAN 28, 1963	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		23e. (State) MISSOURI	
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS, KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 1-28-63	
26. REGISTRAR'S SIGNATURE Arthur Long			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF C. Keith Hofer, MEDICAL CERTIFICATION

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Forest D. Goldsman

Licensed Embalmer No. 4714

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.